

## GRADUATE STUDENT COVID-19 DUTY MODIFICATION REQUEST FORM

If a graduate student cannot meet their fellowship or assistantship obligations due to a reason substantially related to COVID-19, the first step is to inform their department Chair or reporting supervisor. The Chair/reporting supervisor will collaborate with the student to identify duties that will fulfill the requirements for the fellowship, scholarship, or assistantship, and maintain the student's progress towards degree and professional development. In these cases, the student and Chair/reporting supervisor will complete this Graduate Student COVID-19 Duty Modification Request Form. A health provider's recommendation supporting a health-related modification may be required without disclosing the nature of the underlying concern, unless required by law.

The completed form should be submitted to the Associate Dean of the student's academic unit and the Dean of the Graduate School for final approval.

**Requests for duty modification(s) will be considered for the following COVID-19 related concerns.**

- an underlying health condition (self)
- an underlying health condition (family member)
- COVID-19 related personal obstacles (COVID-19 policies for childcare or work-related)

### Student

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID \_\_\_\_\_ Year in Program \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

1. Describe the current duties associated with the funding award requiring a modification because of a COVID-19 related issue.
  
  
  
  
  
  
  
  
  
  
2. Describe the modified assigned duties and how they ensure obligations are met.
  
  
  
  
  
  
  
  
  
  
3. Outline the plan for continued professional development and progress towards degree, if different from the program plan for students at comparable stage in the program.

## AUTHORIZATION

As a graduate student funded by a fellowship, scholarship, or assistantship I understand that I am expected to participate fully in the intellectual life and research atmosphere of the university and to be present and active in my program.

### Student (Required)

I have voluntarily completed this Graduate Student COVID-19 Duty Modification Request Form in collaboration with my department Chair and/or Reporting Supervisor.

- I agree with the modifications outlined in this document
- I do not agree with the modifications outlined in this document

Print Name of Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

### Department Chair (Required)

As Chair I have completed this Graduate Student COVID-19 Duty Modification Request Form in collaboration with the student.

- I agree with the modifications outlined in this document
- I do not agree with the modifications outlined in this document

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Reporting Supervisor (Required, in addition to Department Chair, for students whose work is supervised by someone outside of their academic department)

As the student's supervisor, I have completed this Graduate Student COVID-19 Duty Modification Request Form in collaboration with the student.

- I agree with the modifications outlined in this document
- I do not agree with the modifications outlined in this document

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Unit Associate Dean for Graduate Education Approval (Required)

- I agree with the modifications outlined in this document
- I do not agree with the modifications outlined in this document

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Graduate Dean Approval

- I agree with the modifications outlined in this document
- I do not agree with the modifications outlined in this document

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_